

## **CODE OF CONFIDENTIALITY**

There is updated GMC Guidance on confidentiality (April 2017).

Sandyford is committed to offering confidential sexual health advice, support and information either in person, by telephone or letter.

- Ensure staff are aware of and respect the confidentiality of clients
- Inform clients that services are confidential, within specific limitations

All personal information gained about a client during the course of duties, including acknowledgement of their attendance at the clinic, will be treated as confidential. This is irrespective of age. It includes health information and other personal information (relating to matters such as personal, family or social circumstances). This means that no information given in confidence will be divulged to any person outside Sandyford without permission of the client. Exceptions are only under specific circumstances outlined below. All disclosures and their extent should be documented in the client's case record.

Confidentiality resides within the clinical team setting, which includes doctors, nurses, health care workers and clerical staff. To provide clients with the best possible care and ensure that their specific needs are catered for, it is often essential to pass confidential information between team members. This would not be seen as a breach of confidentiality. However where a client has specifically requested that information should not be passed on within the team this should be respected, within the limits outlined below.

### Limits On Confidentiality

Confidentiality will always be respected, whenever possible. In certain circumstances it may be necessary to disclose information without the client's consent. The most senior health professional(s) with overall clinical responsibility for the client should take this decision and every reasonable effort should be made to obtain the client's consent and to inform them of disclosure. The extent of disclosure should be the minimum required for the purpose of the disclosure. Disclosure without consent can raise very difficult moral, ethical and medical issues.

You may require to seek guidance from a line manager or professional body.

### Where Disclosure Is Ordered By A Judge Or Presiding Officer Of The Court

You should disclose only as much as necessary to the proceedings. This should always involve a senior clinician.

### Where Disclosure Is In The Client's Best Medical Interest

If the individual is deemed to be in a life-threatening situation because of the following:

- Victim of neglect, sexual or physical abuse and unable to give or withhold consent to disclosure.
- If there are indications of real danger of severe damage either physical, sexual or emotional or of death if the individual returns to an abusive situation.
- Threatening suicide or appears to have attempted suicide.

### Where Disclosure Is Necessary To Prevent Serious Injury Or Damage To The Health Of A Third Party

It is necessary to assess the risks and seriousness of the potential injury or damage to the third party against the rights of the client to confidentiality.

### Where Disclosure Is In The Wider Public Interest

This might include cases where disclosure would prevent a serious risk to the public health or assist in the prevention, detection or prosecution of serious crimes. In some cases the duty to disclose details lies with the client (e.g. HIV).

### Where The Condition Of The Client Precludes Seeking Consent

Where judgement may be impaired by learning difficulty, serious psychiatric illness, dementia or brain injury or where the client has severe communication difficulties, disclosure without consent may be considered only if **all** of the following criteria are met:

- It is clinician's belief that disclosure be essential to the best medical interests of the client.
- The client does not have sufficient understanding to appreciate what the advice or treatment being sought may involve. Every attempt should be made to find treatment appropriate to their condition before such a judgement is made.
- The client cannot be persuaded to involve the appropriate person in the consultation.

Even when the doctor considers a person lacks capacity to consent to treatment, because of age or condition, confidentiality should still be respected unless there are very convincing reasons to the contrary.

### Disclosure By Implied Consent

All clients are asked to complete a registration form on first attending the clinic. This asks for their permission for communication in the future with their general practitioner and to their given correspondence address. Clients may prohibit such contact and request no communication to their GP or in any way with themselves except at consultation. This must be respected unless any of the above circumstances hold. Otherwise in completion of the registration form it may be assumed that an individual has consented to the disclosure of personal information where necessary:

- For operational management within the clinic and the health service
- Clients should be aware that since Sandyford services are throughout NHS Greater Glasgow and Clyde and information by clinicians is accessed via the National Sexual Health Database (NaSH).
- The investigation of complaints or other untoward incidents.

### Communication Of Policy To Employees And Volunteers

All employees and volunteers should read the policy statement carefully. It is implicit that all employees of NHSGGC are required to adhere to Board policies. Ensure that national and local policy is adhered in the case of Sandyford employees and volunteers.

### Communication Of Policy To Clients

Clients are informed regards data protection, confidentiality and the limitations where indicated via the information sheet that is handed to clients at registration, Your Personal Information: Your Choice. (2010).

## **SPECIFIC CONFIDENTIALITY ISSUES**

### Standard

All clients have the right to expect confidentiality at all times.

- All clients should be assured of confidentiality.
- Any breaches of the code will be subject to disciplinary procedures.

### Consultation

- Verbal communication with the client is in a quiet and polite manner to maintain privacy and confidentiality.
- All other persons present at the consultation should be introduced by name and status and permission granted for their presence during the consultation. If there is a request for a student or observer to be present this request should be made prior to the student or observer being present.
- Agreement to correspondence to the GP of any prescription, procedure or test should be checked with the individual and their wishes respected.
- If any tests are performed then a means of correspondence should be established and recorded on the electronic record.

See specific tests for means of correspondence.

### **Telephone Enquiries:**

#### Enquiries By The Client

Initial response should be without acknowledging that the individual is a client of the clinic. Telephone enquiries can only be responded to if the individual can identify themselves by name, NaSH number, address & DOB. If the client has forgotten their clinic number, the staff member must attempt to identify the client by other means.

#### Enquiries By Third Party

In exceptional circumstances there may be a recorded note of the means by which the third party will identify themselves and the client. The client's case record should be checked so that the record of whether the patient has given permission for telephone contact by another individual is clarified before any information is given.

#### Enquiries By GP Or Their Reception Staff

Initial response should be without acknowledging that the individual is a client of the clinic. The client's case record should be checked so that the record of whether the client has given permission for telephone contact by another individual is clarified before any information is given. If necessary take the surgery number, check & phone back.

#### Enquiries By Hospital Staff

Initial response should be without acknowledging that the individual is a client of the clinic. The case record should be checked to clarify that there is permission for disclosure by implied consent of the details requested.

#### Enquiries By Other Agencies

Initial response should be without acknowledging that the individual is a client of the clinic. Such enquiries e.g. social work should only be responded to with the permission of the client.

### Storage of Records

Any Paper records should be kept secure so that no unauthorised persons can have access. No records should be left in public places.

All documentation identifiable to the particular client should be disposed of through confidential waste collection. Please check within your locality the system for this.

### Computer Security & Confidentiality

Always ensure a password protected screensaver is activated or log off when leaving a PC;

Only view information that is relevant to the work that you are performing. Viewing information which is not pertinent to your work is a breach of several UK laws. (It is not permitted to view the records of a patient for whose care you are not party to);

Never disclose your passwords – even to IT Support;

Never use somebody else's user ID and password; to do so is a breach of the Computer Misuse Act.

### Fax Security & Confidentiality

The faxing of identifiable or clinical information is not recommended as a secure method by NHS GG&C.

In exceptional circumstances should a fax be required, please note the following:

1. Safe Haven Faxes: are those which are sited where the general public do not have physical access; and/or which are switched off at night; and/or are in a locked room/ location thus preserving the confidentiality of incoming documents.
2. Unattended Fax Machines: always ring before transmitting a fax containing personal identifiable data (PID) to ensure the machine will be attended until receipt. Always use a cover sheet. Always request the recipient phones to acknowledge safe receipt. Request a report sheet to confirm that the transmission was sent.
3. Frequently used numbers: should be identified and programmed into the fax machine's 'memory dial' facility to reduce the risk of misdialling/misdirection.
4. Incoming faxes: should be removed from the machine immediately upon receipt and passed to the addressee without delay.

### Email and confidentiality

1. NHS Greater Glasgow & Clyde's email systems may be used to send personal identifiable data (PID) within and between the following systems:

\*@ggc.scot.nhs.uk; \*@irh.scot.nhs.uk; \*@glasgow.gov.uk; \*@renver-pct.scot.nhs.uk;  
\*@sw.glasgow.gov.uk; \*@rah.scot.nhs.uk; \*@no-smtp.glasgow.gov.uk; [\\*@vol.scot.nhs.uk](mailto:vol.scot.nhs.uk)

PID via NHS.net mail is secure to any of these outside organisations:

\*@gsi.gov.uk ; \*@gse.gov.uk ; [\\*@gsx.gov.uk](mailto:gsx.gov.uk); \*@mod.uk ; \*@pnn.police.uk ; [\\*@scn.gov.uk](mailto:scn.gov.uk); \*@cjsm.net ;  
\*@gcsx.gov.uk

2. NHSMail should not be used to send personal identifiable data to any addresses out with those listed above. This route is only secure if both sender and receiver have NHSmail accounts.
3. Clinical communication by email should be added to the patient's health record where appropriate
4. **Wherever possible** the email address (whether using NHSmail or an internal system) should be selected from a directory and not typed in to minimise the risk of errors.
5. The receipt facility must always be used for transfers of PID.
6. The subject line of the email must never contain PID.
7. If you receive an incorrectly addressed email containing PID, you must inform the sender so they can correct their records. You should then delete the email and confirm you have deleted the message.

### **References**

General Medical Council Ethical Guidance (2017), Protecting children and young people (2012), Confidentiality (2009) Good Medical Practice (2013) : <http://www.gmc-uk.org> [Accessed June 2018]

NHSGGC. Guidance on handling personal identifiable data.

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/eHealth/PoliciesandProcedures/Non%20Clinical%20Policies/Documents/Guidance%20on%20Handling%20PID.pdf>

Nursing and Midwifery Council. (2015). The Code: Standards of conduct, performance and ethics for nurses and midwives.

[www.nmc.org.uk](http://www.nmc.org.uk)

FURTHER INFORMATION CAN BE ACCESSED VIA STAFF NET ON THE INFORMATION GOVERNANCE AND INFORMATION TECHNOLOGY SECURITY FRAMEWORK:

<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/eHealth/InfoGovIndex/Pages/GDPR.aspx>